

Announcement of Funding Availability
Family and Community Support Program



Proposal Guidance and Instructions

AFA Title: Family and Community Support Program
Targeting Region: One award per each 6 Regions
AFA Number: AFA 12-2014-IDD

West Virginia Department of Health and Human Resources
Bureau for Behavioral Health and Health Facilities
350 Capital Street, Room 350
Charleston, WV 25301-3702

*For Technical Assistance please include the AFA # in the
subject line and forward all inquiries in writing to:*

DHHRBHHFAnnouncement@wv.gov

Key Dates:	
Date of Release:	April 14, 2014
TECHNICAL ASSISTANCE MEETING:	April 25, 2014
Letter of Intent Deadline:	April 30, 2014 – Close of Business - 5:00PM
EXTENDED Application Deadline:	June 9, 2014 - Close of Business – 5:00PM
Funding Announcement(s) To Be Made:	June 23, 2014
Funding Amount Available:	Not to exceed \$850,000.00

The following are requirements for the submission of proposals to the Bureau for Behavioral Health and Health Facilities (BBHFF): The document includes general contact information, program information, administrative responsibilities, and fiscal requirements. ✓ Responses must be submitted using the required AFA Application Template available at DHHR.WV.GOV/BHFF/AFA. ✓ Responses must be submitted electronically via email to DHHRBHHFAnnouncement@wv.gov with the AFA Title and Number in the subject line. Paper copies of the proposal *will not* be accepted. ✓ All submissions must be received no later than 5:00 PM on the application deadline. It is the sole responsibility of applicant to ensure that all required documents are received by the application deadline. Notification that the proposal was received will follow. ✓ A Statement of Assurance agreeing to these terms is required of all proposal submissions available at DHHR.WV.GOV/BHFF/AFA. This statement must be signed by the agency's CEO, CFO, and Project Officer. ✓ Proposals that fail to comply with the requirements provided within this document, incomplete proposals or proposals submitted after the application deadline *will not* be reviewed.

LETTER OF INTENT

Organizations planning to submit a response to this Announcement of Funding Availability (AFA) must submit a Letter of Intent (LOI) by **April 30, 2014 (5:00pm)** to the email address: DHHRBHFAnnouncement@wv.gov prior to submission of the proposal. List the AFA Title and Number found on Page 1 of this document in the email subject line. These letters of intent shall serve to document the organization's interest in providing the type of service(s) described within this AFA and will not be considered binding until documented receipt of the proposal.

RENEWAL OF AWARD

The Bureau for Behavioral Health and Health Facilities (BBHFF) may renew or continue funding beyond the initial fiscal year award for up to one (1) additional fiscal year. Future funding will be contingent on factors including, but not limited to, availability of funds, successful implementation of goals, and documented outcomes.

LEGAL REQUIREMENTS

Eligible applicants are public or private organizations with a valid West Virginia Business License and/or units of local government. If the applicant is not already registered as a vendor in the State of West Virginia, registration must either be completed by the award notification date or the vendor must demonstrate proof of such application. It is also required that the applicants have a System for Award Management (SAM) registration and have a Dun & Bradstreet or DUNS number. For more information visit: <https://www.sam.gov>

The grantee is solely responsible for all work performed under the agreement and shall assume all responsibility for services offered and products to be delivered under the terms of the award. The State shall consider the designated Grantee applicant to be the sole point of contact with regard to all contractual matters. The grantee may, with the prior written consent of the State, enter into written sub agreements for performance of work; however, the grantee shall be responsible for payment of all sub awards.

FUNDING AVAILABILITY

The Bureau for Behavioral Health and Health Facilities (BBHFF) is requesting proposals for regional administration of the Families and Communities United Program, to include staff and fiscal responsibilities. Funding in the amount of \$850,000.00 is available to support statewide development of the Family and Community Support Program network. Funding is available to support the costs associated with regional infrastructure support (staffing) with significant emphasis placed on preservation of funding to provide emergent needs assistance as outlined within this AFA document. The chart below provides guidance on funds availability per region.

REGION	REGIONAL FUNDING AVAILABILITY Not to exceed:
Region One	\$110,000.00
Region Two	\$90,000.00
Region Three	\$95,000.00
Region Four	\$160,000.00
Region Five	\$205,000.00
Region Six	\$190,000.00

Funding for the Family Support and Community Support program is a blend of resources from the following programs:

- The West Virginia Family Support Act of 1991 (West Virginia Code Chapter 49, §49-4A-1) outlines the creation and administration of the Family Support Program for the State of West Virginia. The purpose of the Family Support Program is to assist families who have a family member with an intellectual and/or developmental disability living at home. Family support services address many of the unique needs that arise when a member of the family has a developmental disability in order to help those individuals thrive in the community.
- In 2005, the Bureau for Behavioral Health and Health Facilities developed Care Coordination Services to strengthen the service system in West Virginia and reduce commitments to inpatient psychiatric hospitals. The program is comprised of staff, recently retitled Community Engagement Specialists, who provide community based and person-centered linkage services, and flexible supplemental funds to address emergency needs (medication, personal supplies, temporary housing) as well as pay for goods and services needed to live a safe and stable life in the community.

Funding for a **Family and Community Support Program** will be awarded based on accepted proposals that meet all of the required criteria contained within this document. Funding availability for this AFA is as follows:

Start Up Costs

Applicants who wish to request reasonable startup funds for their programs must submit a separate “startup” target funded budget (TFB) and budget narrative along with their proposals. For the purposes of this funding, startup costs are defined as non-recurring costs associated with the initiation of a program. These include costs such as fees, registrations, training, equipment purchases, renovations and/or capital expenditures.

For the purposes of proposal review, all startup cost requests submitted by the applicant will be considered to be necessary for the development of the proposed program. If, when taken together, the startup costs and program costs exceed funding availability BBHFF will contact the applicant organization and arrange a meeting to discuss remedial action.

Funding Reimbursement

All grant funds are awarded and invoiced on a reimbursement basis. Grant invoices are to be prepared monthly and submitted with and supported by the Financial Report and Progress Report to receive grant funds. The grant total invoice should agree with amounts listed on the Financial Report and reflect actual expenses incurred during the preceding service period. All expenditures must be incurred within the approved grant project period in order to be reimbursed. Providers must maintain timesheets for grant funded personnel and activities performed should be consistent with stated program objectives.

REGIONS IN WEST VIRGINIA

The WV Bureau for Behavioral Health and Facilities utilizes a six (6) Region approach:

Region 1: Hancock, Brooke, Ohio, Marshall, and Wetzel Counties

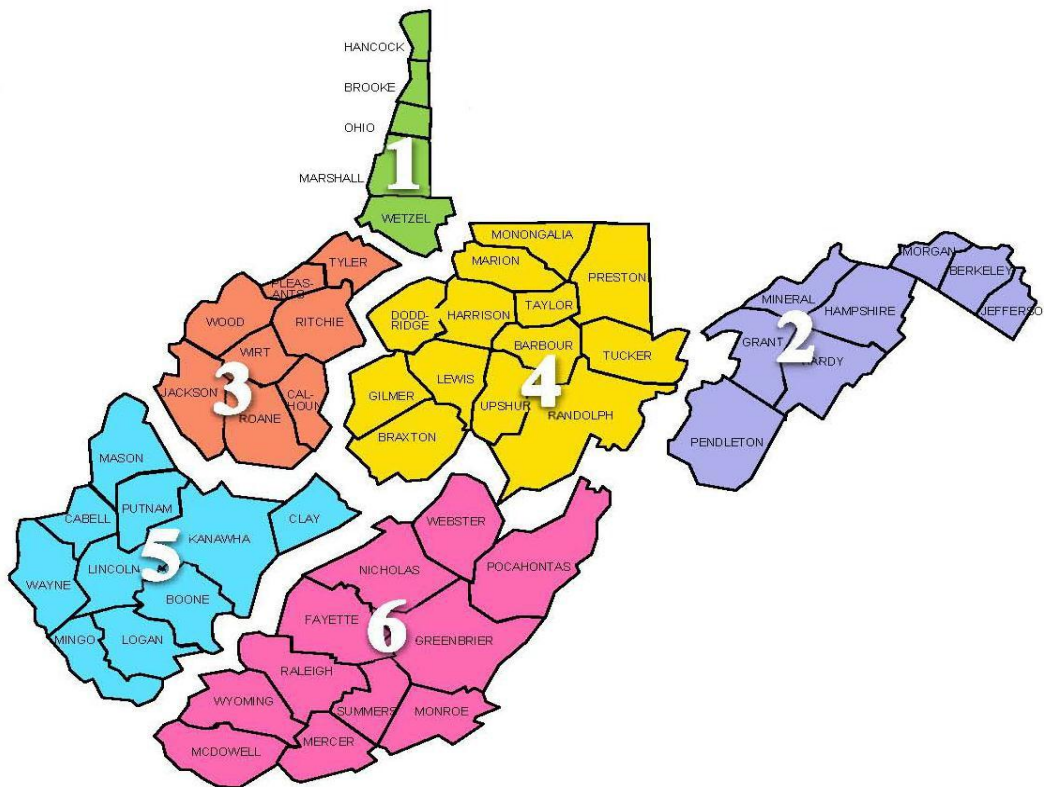
Region 2: Morgan, Berkeley, Jefferson, Mineral, Hampshire, Grant, Hardy, and Pendleton Counties

Region 3: Tyler, Pleasants, Wood, Ritchie, Wirt, Jackson, Roane, and Calhoun Counties

Region 4: Monongalia, Marion, Preston, Doddridge, Harrison, Taylor, Barbour, Tucker, Gilmer, Lewis, Upshur, Randolph, and Braxton Counties

Region 5: Mason, Cabell, Putnam, Kanawha, Clay, Wayne, Lincoln, Boone, Mingo, and Logan Counties

Region 6: Webster, Nicholas, Pocahontas, Fayette, Greenbrier, Raleigh, Summers, Monroe, Wyoming, McDowell, and Mercer Counties



Section One: **INTRODUCTION**

The West Virginia Department of Health and Human Resources' Bureau for Behavioral Health and Health Facilities (BBHFF) envisions healthy communities where integrated resources are accessible for everyone to achieve wellness, personal goals and a self-directed future. The mission of the Bureau is to ensure that West Virginians with mental health and/or substance use disorders, intellectual/developmental disabilities, chronic health conditions or long term care needs experience quality services that are comprehensive, readily accessible and tailored to meet individual, family and community needs.

Within the Bureau, the Programs and Policy Section provides oversight and coordination of policy, planning, development, funding and monitoring of statewide community behavioral health services and supports. Emphasis is placed on function rather than disability, and improving planning and cooperation between facility and community-based services. Programs and Policy includes the Division on Alcoholism and Drug Abuse, Division of Adult Mental Health, Division of Child and Adolescent Mental Health, Division of Intellectual and Developmental Disabilities, and the Office of Consumer Affairs and Community Outreach.

Partnerships and collaboration among public and private systems, as well as with individuals, families, agencies and communities, are important components of the systems of care surrounding each person. The role of the Bureau is to provide leadership in the administration, integration and coordination of the public behavioral health system. The work is informed by results of a multi-year strategic planning process that includes critical partners in planning, funding and delivering services and supports.

The following Strategic Priorities guide services and service continuum development:

Behavioral Health Prevention, Treatment and Recovery System Goals	
Priority 1 Assessment and Planning	Implement an integrated approach for the collection, analysis, interpretation and use of data to inform planning, allocation and monitoring of the WV behavioral health service delivery system.
Priority 2 Capacity	Build the capacity and competency of WV's behavioral health workforce and other stakeholders to effectively plan, implement, and sustain comprehensive, culturally relevant services.
Priority 3 Implementation	Increase access to effective behavioral health prevention, early identification, treatment and recovery management that is high quality and person-centered.
Priority 4 Sustainability	Manage resources effectively by promoting good stewardship and further development of the WV behavioral health service delivery system.

Section Two: **FINANCIAL, LEGAL, & PROGRAMMATIC DESCRIPTION**

Approximately eighty percent (80%) of individuals identified with intellectual/developmental disabilities live at home with natural or adoptive families. Family Support legislation was passed in 1991 to assist individuals to live quality lives in the most integrated setting, which very often is at home with natural or adoptive families. The AFA is designed to more closely promote the original intent of the 1991 legislative mandate: assist families with case management; expand involvement of families and communities in decision making; find resources, including appropriate government and community programs; and fund the purchase goods and services related to the care of the person with a developmental disability through the work of Regional Coordinators and Regional Family Support Councils.

Individuals with mental health challenges at risk for involuntary commitment also benefit from engagement and support services to help them live successfully in the community. In 2005, the BBHMF funded what was at the time referred to as “Care Coordination,” a program designed to improve community integration and promote self-direction by addressing the complex needs of eligible individuals. While the original intent remains intact, the program’s scope has been broadened, and now focuses on early identification, engagement and provision of needed supports for those with mental health and/or co-occurring substance use or cognitive challenges, who are at risk of involuntary commitment and who need supports to remain living at home or in the most integrated setting feasible. Care Coordination programming is now referred to as Community Engagement with services provided by Community Engagement Specialists rather than Care Coordinators.

Section Three: **SERVICE DESCRIPTION**

Family and Community Support Program

Target Population:

The Family and Community Support Program will serve:

- ✔ Individuals who have developmental disabilities, as defined by the West Virginia Family Support Act, who reside with their family in their natural home. A priority population to be served through the program is families of individuals on the Intellectual/Developmental Disabilities (IDD) Waiver “waiting list” as defined in *Benjamin H. v. Joan Ohl* and those who are not eligible for Home and Community Based Services Waiver programs.
- ✔ Individuals with serious mental illness, substance use, co-occurring or co-existing disorder(s) receiving support through a Community Engagement Specialist to maintain their community stability and prevent involuntary hospitalization.

Purpose

The Bureau for Behavioral Health and Health Facilities (BBHFF) supports evidence-based practices that promote social and emotional wellbeing, prevention approaches, person-centered interventions and self-directed and/or recovery driven support services.

Engagement Services include the evaluation and service planning support needed to address the complex needs of individuals and their families impacted by mental disorders, substance use disorders and associated problems.

The Bureau for Behavioral Health and Health Facilities’ (BBHFF) purpose for creating the ***Family and Community Support Program*** throughout West Virginia is to assist individuals to live at home and in the community by identifying resources and aligning processes aimed at supporting persons with disabilities in integrated settings, with emphasis on individualizing and maximizing community resources. Many of the challenges and opportunities experienced by people seeking to live a life of quality in the community are common, regardless of disability. Individuals and families want and need information about resources, access to services and flexible funding to address emergency and/or extraordinary needs, and support from peers and professionals.

The Family and Community Support Program and Community Engagement Program's enhance the quality of life for individuals who live in home and community settings. Based on this common expectation, and in light of complex fiscal times, the BBHHF offers a newly envisioned Family and Community Support model to sustain and eventually grow support resources for individuals statewide. The model relies on a regional infrastructure of Family Support Councils, volunteer and staff engagement of families and resources, and a pool of flexible support funds as described in the current AFA, and Community Engagement programming which is described in a separate AFA also in current release.

Goals for the Family and Community Support Program include:

1. Strengthen the role of the Regional Family Support Councils. Beyond the distribution of stipends as a "fund of last resort," the Councils will expand their capacity for providing resource and other knowledge geared to help families learn about and navigate existing community-based and statewide services and resources.
2. Restructure the Regional Family Support Coordinator's role to enable networking with various stakeholders to gain and share knowledge of available resources, identify gaps, and promote development of resources.
3. Support the Community Engagement Specialists to help families develop a support plan and navigate the service system.
4. Support and empower families to make their own informed decisions, and become effective self-advocates.
5. Advise State and Regional Councils and the larger intellectual/developmental disabilities system about family issues to promote systems change.

A recent assessment of the process and structure suggests that the current Family Support Program adds value for many families who are approved for funding. As part of continuous quality improvement, several timely and valuable enhancements are underway:

- The Statewide Family Support Council is developing basic operational guidelines and policy for regional councils and a uniform data reporting tool to measure program effectiveness.
- Regional Councils are exploring ways to interact in their communities to reach out to more families and expand their capacity to provide support. For instance, councils are:
 - learning about other community service organizations and working with them to serve these families with a multitude of needs;
 - developing local resource guides for applicants and to share widely in the community;
 - putting information about Family Support in doctors' offices, dentists' offices, and local schools;
 - reaching out to community businesses to build partnerships;
 - recruiting individuals with disabilities and professionals in the various disability fields to join the councils and provide their expertise and resource knowledge.

As the new Family Support & Community Engagement Program vision evolves over the coming months, additional improvements will be realized to further support and strengthen statewide efforts.

As noted earlier, individuals at risk for hospitalization also benefit from engagement and access to supports to achieve and sustain recovery and self-direction in the community. Community Engagement Specialists (formerly known as Care Coordinators) will assist individuals with serious mental illness, substance use, co-occurring or co-existing disorder(s) who are at risk for psychiatric hospitalization or are committed. The CES will use all available community resources to help improve community integration and promote recovery by addressing the complex needs of eligible individuals, including application for Family Support and Community Integration supplemental funds.

The Family and Community Support Program is designed to place greater emphasis on reaching out to the local communities and their abundant resources, enabling publicly-funded programs to support more people than before in community settings, along with stretching public dollars further. This change represents a shift in focus from “funding” to a more comprehensive person-centered/family-driven focus which is more sustainable and based upon longer-term solutions.

Definitions

- “Family support program” means a coordinated system of family support services administered by the department of health and human resources through initial contracts with agencies within four of the state's behavioral health regions. **(W.Va. § 49-4A-2)**
- “Regional family support council” means the council established by the regional family support agency under the provisions of section six of this article to carry out the responsibilities specified in this article. **(W.Va. § 49-4A-2)**
- “State family support council” means the council established by the department of health and human resources under section six of this article to carry out the responsibilities specified in this article. **(W.Va. § 49-4A-2)**
- *Benjamin H. v. Joan Ohl* 2009 (U.S. federal district court). Requires BBHMF to develop a single eligibility process for WV DHHR medical programs, and provide information and access to supportive services to individuals on the Intellectual/Developmental Disabilities (IDD) Waiver “waiting list.”
- “Community Engagement Specialist” – a behavioral health professional who works in the community using all available community resources to help improve community integration and promote recovery by addressing the complex needs of eligible individuals. Eligible individuals experience serious mental illness, substance use, co-occurring or co-existing disorder(s) and are at risk of psychiatric hospitalization or are committed.

Service Overview

The Family and Community Support Program is composed of the Statewide Family Support Council, Regional Family Support Councils, community-based Coordinators, and Community Engagement Specialists. This Team has available to them an appropriation of “last resort” flexible dollars for which families may apply. The Statewide and Regional Councils serve as anchors for the program, helping to assure compliance with the state Family Support mandate and more importantly, assuring a focus on family empowerment.

The regional components of the program (Regional Councils, Regional Coordinators and flexible supplemental funds) will be referred to as Regional Family Support Programs and will be administered through five regional grantees.

All entities applying to provide the Family and Community Support Program must provide comprehensive detail as to how they will meet the following requirements by the end of the grant period.

- Sustain existing Regional Councils and assure that they:
 - implement policies and procedures consistent with requirements of the State Council Work with Regional Councils to
 - retain/strengthen the voice of families in the process,
 - have a plan in place to assume a greater role in identifying and linking families to community supports;
- Identify and engage eligible families beyond those served by the Title XIX IDD Waiver;
- Assure confidential submission of family and individual requests to the Regional Council(s) for assistance, and facilitating meetings of the Council if requested by the Council,
- Partner with Community Engagement Specialists, as appropriate, to connect individuals and their families with services that promote community integration;
- Manage and document use of a pool of supplemental flex funds on a cost-reimbursement basis, assuring access by both populations;
- Identify and document use of other state and community resources;
- 1. Develop partnerships with other family support initiatives and community resources to:
 - provide opportunities for parents to be linked to other parents in the region, and
 - enhance awareness of and access to other resources, including financial resources;
- 2. Participate in State Family Support Council meetings and BBHMF Family Support training and technical assistance as offered;

3. Ensure participation of an elected representative or alternate representative(s) from each Regional Council to serve on the State Council, which meets at least quarterly during the grant period.
- Conduct initial discussions/assessment of family support needs with families who do not have a service coordinator and linking them with services and supports, including any financial benefits for which they may be eligible.
 - Establish relationships with other family support initiatives to leverage resources, e.g., Birth to Three program, Family Resource Networks, Parent Educator Resource Centers, Children with Special Health Care Needs program, Autism Training Center, Center for Excellence in Disabilities, F.A.S.T. parent advocates, Aging and Disability Resource Centers.
 - Compile and share information about community resources;
 - Arrange for or provide information, resources, and training for parents on important issues identified by parents and families.
 - Develop or create connections to parent/family support groups.
 - Promote collaboration and effective communication among families and service providers.

Supplemental Flex Funds will be administered by the grantee and accessed by the Regional Coordinators and Community Engagement Specialist (CES) on behalf of eligible individuals. Funds may be used for goods and services that provide for daily living needs that help to safeguard the individuals' health and safety in their natural or adoptive home: durable medical equipment, adaptive equipment, occupational therapy, speech therapy, physical therapy, home modifications, respite care, transportation costs, training opportunities, rent/mortgage and utility assistance, and other essential commodities that people may need to maintain safety and stability in their homes and communities that cannot be provided through any other source as well as emergent needs such as medication, housing (security deposits, rent, utilities, and temporary housing including hotel/motel rooms), food, clothing, personal care items (such as soap, shampoo, combs/brushes, etc.), transportation, and other essential commodities that people need to maintain their community stability.

Section Four: **PROPOSAL INSTRUCTIONS / REQUIREMENTS**

Eligible applicants must provide proof of a valid West Virginia business license and comply with all requirements provided within this AFA. All proposals will be reviewed by the BBHMF staff for administrative compliance. Proposals that fail to comply with the requirements provided within this document, incomplete proposals or proposals submitted after the application deadline will not be reviewed. A Statement of Assurance agreeing to these terms is required of all proposal submissions to BBHMF. This statement must be signed by the applicant organization's CEO, CFO, and Project Officer. All applications passing the administrative review will be subsequently forwarded to an independent grant review team which will score the proposal narrative consisting of five areas:

- A. Population of Focus and Statement of Need (10 points)
- B. Proposed Evidence-Based Service/Practice (20 points)
- C. Proposed Implementation Approach (50 points)
- D. Staff and Organizational Experience (10 points)
- E. Data Collection and Performance Measurement (10 points)

Proposal Abstract – All proposals must include a one-page proposal abstract. The abstract should include the project name, description of the population to be served, planned strategies/interventions, and a general overview of service goals and measurable objectives, including the number of people projected to be served annually. Proposal abstracts may be used for governmental reports and public release. As such, all applicants are encouraged to provide a well-developed abstract document not exceeding 35 lines in length.

Proposal Narrative – The Proposal Narrative describes your project. It consists of Sections A through E. Sections A-E together may not be more than 15 pages; applicants ***must utilize*** 12pt. Arial or Times New Roman font, single line spacing, and one (1) inch margins. Page numbers must also be included as a footer.

Supporting Documentation – The Supporting Documentation provides additional information necessary for the review of your proposal. It consists of Sections F and G. These documents and/or attachments will not be counted towards the Proposal Narrative page limit; however, Section F and G together may not be more than 20 pages.

Maximum number of pages permitted for proposal submission is 35 total pages; limits for the Proposal Narrative and Supporting Documentation must also be upheld. All pages submit as

part of the proposal submission will count toward this maximum limit. Materials not requested within this AFA such as cover/heading pages, additional supporting documentation, etc. will be counted. Proposals that exceed this maximum limit and/or the limits established for the Proposal Narrative and Supporting Documentation will not be reviewed.

Section Five: **PROPOSAL OUTLINE**

All proposal submissions must include the following components without exception to be reviewed.

Abstract:

Provide a brief description of the proposed service as earlier set forth in this document.

Proposal Narrative:

A. Population of Focus and Statement of Need: (10 Points)

- Provide a comprehensive demographic profile of the target population in terms of race, ethnicity, language, gender, age, socioeconomic characteristics, and other relevant factors, such as literacy, citing relevant data. Identify the source of all data referenced.
- Clearly indicate the proposed geographic area to be served, by Region and County(ies).
- Discuss the relationship of the target population to the overall population in the proposed geographic area to be served citing relevant data. Identify the source of all data referenced.
- Describe the nature of the problem, including service gaps, and document the extent of the need (i.e. current prevalence rates or incidence data) for the target population based on data. Identify the source of all data referenced. Documentation of need may come from a variety of qualitative and quantitative sources. Examples of data sources for data that could be used are key informant interviews, newspaper article, focus groups, local epidemiologic data, state data, and/or national data.
- Identify health disparities relating to access, use, and outcomes of the proposed service citing relevant data. Identify the source of all data referenced.
- Document the need for an enhanced infrastructure to increase the capacity to implement, sustain, and improve effective support services in the proposed geographic area to be served that is consistent with purpose of the AFA.
- Describe the existing stakeholders and resources in the proposed geographic area to be served which can help implement the needed infrastructure development.
- Include a Reference/Work Cited page for all data referenced within proposal in **Attachment 1**.

B. Proposed Evidence-Based Service/Practice: (20 Points)

- Describe the purpose of the proposed service.
- Clearly state the goals, objectives and strategies for the service. These must relate to the purpose of the AFA and each of the performance measures identified in Section E: Data Collection and Performance Measurement.

- Describe all evidence-based practice(s) (EBP) that will be used and justify use for the target population, the proposed service, and the purpose of this AFA.
- If an EBP does not exist/apply for the target population and/or service, fully describe practice(s) to be implemented, explain why it is appropriate for the target population, and justify its use compared to an appropriate, existing EBP.
- Describe how the proposed practice(s) will address the following issues in the target population, while retaining fidelity to the chosen practice: demographics (race, ethnicity, religion, gender, age, geography, and socioeconomic status), language and literacy, sexual identity (sexual orientation and gender identity) and disability.
- Identify any screening tools that will be used and basis for selection. Screening tools do not include clinical assessment, admission criteria, or intake data collection instruments.
- Describe how identified behavioral health disparities will be addressed and suggested strategies to decrease the differences in access, service use, and outcomes among the target population. One strategy for addressing health disparities is use of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care which can be found at: <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>.
- Describe how the applicant organization will ensure cultural competence in service implementation. All BBHFF grantees are required to receive cultural competence training and to ensure that no one will be discriminated against due to race, ethnicity, religion, gender, age, geography or socioeconomic status. All materials associated with awarded funding must be developed at low literacy levels for further understanding and comprehension in WV communities.
- Describe how privacy and confidentiality will be ensured throughout the entirety of the service, including collection and dissemination of data, consumer feedback, etc.

C. Proposed Implementation Approach: (50 Points)

- Provide a one (1) year/twelve (12) month chart or graph depicting a realistic timeline of the service. The timeline must include the key activities and staff(s)/partners responsible for action through all phases including but not restricted to planning/development, implementation, training/consultation, intervention(s) milestones (EBPs), data collection/reporting, quality assurance, etc. Be sure to show that the project can be implemented and delivery of the service can begin as soon as possible, and no later than six (6) months post award. Note: The timeline should be part of the Proposal Narrative. It should not be placed in an attachment.
- Describe how achievement of the proposed goals, objectives, and strategies identified for the service will produce meaningful and relevant results in the community (e.g. increase access, availability, prevention, outreach, pre-services, treatment and/or

recovery) and demonstrate the purpose of the AFA.

- Describe the proposed service activities and how they relate to the goals, objectives and strategies, how they meet the identified infrastructure needs, how they fit within or support the development of the statewide continuum of care.
- Identify any other organizations that will participate in the proposed project. Describe their roles and responsibilities and demonstrate their commitment to the project with a letter of support and/or Memorandum of Understanding (MOU). Include letters of support and MOUs from community organizations and/or partners supporting the project in **Attachment 2**.
- Describe how you will work across systems to ensure that services provided to the target population are coordinated and considered by multiple levels and systems.
- Clearly state the unduplicated number of individuals to be served (annually) with grant funds, including the types and numbers of services to be provided. Describe additional training to be sought and utilized in the development of the service, identifying key training components (by title) and their relevance.
- Describe how you will identify clients for the presence of behavioral health disorders and use the information obtained to facilitate appropriate referral to treatment for the persons identified as having such disorders.
- Describe how you will ensure the input of the target population in planning, implementing, and assessing the proposed service. Describe the feedback loop between the target population, the applicant organization, partners/key stakeholders, and the BBHFF in all implementation stages of the project.
- Describe how you will facilitate the health insurance application and enrollment process for eligible uninsured individuals receiving the proposed service.
- Identify the potential barriers to successful conduct of the proposed service and describe strategies to overcome them.
- Describe your plan to continue the proposed service after the funding period ends. Also, describe how service continuity will be maintained when there is a change in the operational environment (e.g. staff turnover, change in project leadership) to ensure stability over time.
- Describe the facility(ies) to be utilized, if any, for the service. This includes an existing facility already owned and operated by the applicant organization, or a facility for which the applicant organization has a detailed business plan for acquisition, leasing, or other manner of habitation. The BBHFF is available to discuss what options may exist for securing a building or other location in the event that a location is not readily available. If the applicant organization chooses to speak to the BBHFF regarding what options may exist, the discussions must occur prior to submission of the proposal. Any architectural plans or diagrams that may exist may be included in **Attachment 1**.

D. Staff and Organization Experience: (10 Points)

- Discuss the capability and experience of the applicant organization. Demonstrate that the applicant organization has linkages to the target population and ties to grassroots/community-based organizations that are rooted in the culture of the target population.
- Provide a complete list of staff positions for the service, including the Project Officer and other key personnel, showing the role of each, their level of effort/involvement and qualifications.
- Discuss how the key personnel have demonstrated experience, are qualified to serve the target population and are familiar with the applicable culture.

E. Data Collection and Performance Measurement: (10 Points)

- Describe the plan for data collection, management, analysis, and reporting on the required performance measures, as specified in Section Six: Expected Outcomes / Products of this AFA. Specify and justify any additional measures or instruments to be used.
- Describe the data-driven, quality improvement process by which target population disparities in access, use, and outcomes will be tracked, assessed, and reduced.
- Describe how data will be used to manage the service at a systems level to ensure that the goals, objectives, and strategies are tracked and achieved.
- Describe how information related to process and outcomes will be routinely communicated to the target population, staff, governing and advisory bodies, and stakeholders.

Supporting Documentation:

F. Budget Form and Budget Narrative: *All requirements set forth in Section F must be included in **Attachment 3***

- Include a proposed Target Funding Budget (TFB) with details by line item, including sources of other funds where indicated on the TFB form.
 - Include expenses for attending BBHHF-required meetings and trainings.
- Include a Budget Narrative word document with specific details on how funds are to be expended.
 - The Budget Narrative clarifies and supports the TFB. The Budget Narrative should clearly/specify the intent of and justify each line item in the TFB.
- Describe any potential for other funds or in kind support. Please include a description of such funds as a supplement to the Budget Narrative word document.

- Prepare and submit a separate TFB form for any capital or start-up expenses and attach this separate TFB form to the coordinating Budget Narrative word document.
- Additional financial information and requirements are located in **Appendix A**.

All forms referenced in Section F: Budget Form and Budget Narrative can be accessed through the BBHFF web-site at: <http://www.dhhr.wv.gov/bhhf/forms/Pages/FinancialForms.aspx>

Targeted Funding Budget (TFB) Instructions available at:

<http://www.dhhr.wv.gov/bhhf/forms/Documents/FY%202014%20BBHFF%20TFB%20Instructions.pdf>

G. Attachments 1 through 3:

- **Attachment 1:** Facility/site diagrams (if applicable/available); Reference/Work Cited Page (to include all proposal citations)
- **Attachment 2:** Letters of Support / Memorandum's of Understanding (MOU)
- **Attachment 3:** Targeted Funding Budget(s) and Budget Narrative(s)

Section Six: **EXPECTED OUTCOMES / PERFORMANCE MEASURES**

Expected Outcomes:

1. The Regional Family Support Councils will demonstrate ability to educate families about community resources and how to navigate/access assistance beyond the Supplemental Flex Funds.
2. The Regional Coordinator will network and develop partnerships with various local and state stakeholders to leverage available resources and address service gaps
3. A process will be in place to partner with Community Engagement Specialists for
 - a. referring families who need assistance with navigating the service system,
 - b. developing support plans, and
 - c. documenting use of the Supplemental Flex Fund.
4. Families will have the information and support they need to be effective self- advocates and make informed decisions on their local and state resource options.
5. Information will be provided to State Council, Regional Councils, and intellectual/developmental disability stakeholders about family issues for the purpose of promoting systems change.

Performance Measures:

1. Maintain and provide documentation of ALL activities related to service area(s) indicated by:
 - a. Number of Unduplicated Persons Served by Type of Activity
 - b. Number of Unduplicated Persons Served by Age, Gender, Race and Ethnicity
2. Maintain and provide documentation related to the following:
 - a. Number of Cross Planning (partnering/multi-system collaborative) initiatives, service activities implemented with other sectors indicating type and number
 - b. Number and type of professional development trainings attended
 - c. Number, type (focus groups, surveys, or key-informant interviews), and aggregate results of consumer feedback activities conducted
3. Provide additional service information to include:
 - a. Number and type of evidence-based practices utilized for provision of the service
 - b. Number of referrals made with disposition (accepted, unable to accept with reason)
 - c. Amount of flex funds being requested for each applicant.
 - d. Amount of flex funds being granted for each applicant.
 - e. Regional Council disposition for each application with outcome.

- f. Number of Regional Family Support Council meetings facilitated with participant roster.
 - g. Regional Family Support Council Membership Roster with contact information.
 - h. Peer to Peer opportunities facilitated or supported including: name/type, date, location, themes, number of participants
- 4. Submit all service data reporting by the 10th working day of each month as related to the Expected Outcomes/Performance Measures.

Section Seven: **TECHNICAL ASSISTANCE**

The **Bureau for Behavioral Health and Health Facilities (BBHFF)** will provide technical assistance to all applicants through a scheduled technical assistance meeting and/or conference call as indicated on Page 1 of this document.

Technical assistance needs may also be submitted via email to: DHHRBHFFAnnouncement@wv.gov. All emailed technical assistance inquiries will be addressed by the BBHFF and posted to a Frequently Asked Questions (FAQ) document on the BBHFF website available at <http://www.dhhr.wv.gov/bhhf/AFA/Pages/default.aspx>.

1. **First in Families in North Carolina**
<http://www.fifnc.org/programs/index.html>
2. **Family Support 360 in South Dakota**
<https://dhs.sd.gov/dd/family/principles.aspx>
3. **Family Support in Tennessee**
http://www.tn.gov/didd/family_support/

Appendix A

Other Financial Information

Allowable Costs:

Please note that Departmental Policies are predicated on requirements and authoritative guidance related to Federal grants management and administrative rules and regulations, Grantees shall be required to adhere to those same requirements when administering other DHHR grants or assistance programs, the source of which is non-Federal funds (e.g. state-appropriated general revenue and appropriated or non-appropriated special revenue funds) unless specifically provided direction to the contrary.

Cost Principles:

For each kind of grantee organization, there is a set of Federal cost principles for determining allowable costs. Allowable costs are determined in accordance with the cost principles applicable to the organization incurring the costs. The following chart lists the kinds of organizations and the applicable cost principles. The Grantee agrees to comply with the applicable cost principles as set forth below.

If the Grantee is a:	OMB Circulars Codified at:
State, local or Indian tribal government use the cost principles in OMB Circular A-87 .	DHS codified at 45 C.F.R. § 92 and 45 C.F.R. § 95 USDA codified at 7 C.F.R. § 3016 ; EDUC codified at 34 C.F.R. § 80 ; EPA codified at 40 C.F.R. § 31 .
Private nonprofit organization other than an (1) institution of higher education, (2) hospital, or (3) organization named in OMB Circular A-122 as not subject to that circular use the cost principles in OMB Circular A-122 .	DHS codified at 45 C.F.R. § 74 ; USDA codified at 7 C.F.R. § 3019 ; EDUC codified at 34 C.F.R. § 74 ; EPA codified at 40 C.F.R. § 30 .
Educational Institution use the cost principles in OMB Circular A-21 .	DHS codified at 45 C.F.R. § 74 ; USDA codified at 7 C.F.R. § 3019 ; EDUC codified at 34 C.F.R. § 74 ; EPA codified at 40 C.F.R. § 30 .
Hospital use the cost principles in Appendix E of 45 C.F.R. § 74 .	DHS codified at 45 C.F.R. § 74 ; USDA codified at 7 C.F.R. § 3019 ; EDUC codified at 34 C.F.R. § 74 ; EPA codified at 40 C.F.R. § 30 .

For-profit organization other than a hospital and an organization named in OMB Circular A-122 as not subject to that circular use the cost principles in 48 C.F.R. pt. 31 Contract Cost Principles and Procedures.	DHS codified at 45 C.F.R. § 74 ; USDA codified at 7 C.F.R. § 3019 ; EDUC codified at 34 C.F.R. § 74 ; EPA codified at 40 C.F.R. § 30 .
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Grantee Uniform Administrative Regulations:

For each kind of grantee organization, there is a set of Federal uniform administrative regulations. The following chart lists the kinds of organizations and the applicable uniform administrative regulations for each listed type of grantee.

If the Grantee is a:	OMB Circulars Codified at:
State, local or Indian tribal government use the uniform administrative requirements in OMB Circular A-102 .	Department of Health and Human Services (DHS) codified at 45 C.F.R. § 92 and 45 C.F.R. § 95 ; Department of Agriculture (USDA) codified at 7 C.F.R. § 3016 ; Department of Education (EDUC) codified at 34 C.F.R. § 80 ; Environmental Protection Agency (EPA) codified at 40 C.F.R. § 31 .
Private nonprofit organization, institutions of higher education, or a hospital use the uniform administrative requirements in OMB Circular A-110 .	DHS codified at 45 C.F.R. § 74 ; USDA codified at 7 C.F.R. § 3019 ; EDUC codified at 34 C.F.R. § 74 ; EPA codified at 40 C.F.R. § 30 .
For-profit organization use the uniform administrative requirements in OMB Circular A-110 .	DHS codified at 45 C.F.R. § 74 ; USDA codified at 7 C.F.R. § 3019 ; EDUC codified at 34 C.F.R. § 74 ; EPA codified at 40 C.F.R. § 30 .

Appendix B
Map of Regional Family and Community Support Councils

